We often think of trauma as a singular event — a moment in time when everything changes. We may even talk about trauma care as the treatment provided in the immediate aftermath. But in reality, trauma is not just a single moment in time. And treatment is more like an entire continuum of care. It begins with the first response, transport, and life-saving procedures and continues through rehabilitation all the way to the patient’s transition back into regular daily activities. Trauma care requires multiple professionals from a variety of organizations to act in concert.

The system in action

Last August, Walmart cashier Sharon Goffard was shot in the abdomen at close range by a fellow employee while working in the liquor department. She nearly bled to death. This singular event initiated a coordinated response by the Neenah Police Department, Gold Cross Ambulance service, the Trauma Center at Theda Clark, the Community Blood Center, and eventually our inpatient rehabilitation program.

The only reason Sharon is still alive is because all components of the trauma system worked efficiently as intended. We will share her story and the critical moments in her care throughout the rest of this report.

Actions speak louder than words

That efficient coordinated response was no accident. The Trauma Center and our partners work hard to meet and exceed recognized standards of care.

In May 2013, the Trauma Center at Theda Clark Medical Center was reverified as a Level II trauma center by the American College of Surgeons. Our Trauma Center was the first hospital in the state to get verified outside of Madison or Milwaukee, and continues to be the longest continuously verified Level II trauma center in Northeast Wisconsin.

Furthermore, national data comparisons prove that we treat sicker patients on average than most trauma centers in the country and still maintain better outcomes than the national average.

But those statistics and accolades belong to all of us: dispatch, the first responders, air and ground transport, the trauma care providers, and all the specialists who help take patients to the next level, as well as prepare them for the transition home.

We work the system because the system works. We are proud to be part of this team and feel tremendously blessed to have the resources and quality partner organizations available locally to make survival stories like Sharon Goffard’s experience possible.

Ray Georgen, MD, FACS
Trauma Center Medical Director
Every Moment Counts.

Time seems to break down into specific memories … almost like snapshots of our past.

During a trauma, it may feel more like snapshots happening in real time. Each tick of the clock becomes a photo, marking that instant as we try to pinpoint the moment that everything changed.

For patient Sharon (Sherry) Goffard, everything changed on August 14, 2013, at 11:13 AM when a woman she had known for more than four years shot her in the stomach. The motive is still unclear, but the consequences are obvious as Sherry still wears a wound pump and works to recover seven months later.

Suddenly we realize that all time is critical. Every Moment Counts.

In trauma … and in life.
August 14, 2013

“I woke up in the hospital not sure why I was there. My daughters kept saying, ‘You’re safe, mom. You’re OK. Nobody can hurt you here.’ I had no idea what they were talking about.”

57-year-old Sharon (Sherry) Goffard doesn’t remember much from that sunny day in August 2013, but she has heard the story.

The 911 call came in at 11:13 AM: Shots fired at Walmart in Neenah. One shooter and one victim.

Police arrive at 11:17 AM. Lt. Jay Karner becomes the incident commander. Within seven minutes, five Neenah Police Department squads are on scene. Within 10 minutes of the shooting, the suspect is in police custody and the gunshot victim – Sherry – is being prepared for transport.

The crime scene gets secured quickly, but Sherry is just beginning her race against the clock.
Sherry has been shot at close range in the abdomen by a co-worker she has known for more than four years. There was no warning. No escalating confrontation. The Neenah mother and grandmother has worked at Walmart for 10 years and loves her job. Sherry thoroughly enjoys chatting with customers and helping people find what they need. She doesn’t remember her co-worker calmly walking over, pointing a gun at her, and shooting.

Another Walmart employee recognizes the sound of a gunshot and runs to see what happened, unknowingly walking right past the shooter, who returns to her lane and begins checking out customers. A nearby shopper — a nurse — comes to help. A flurry of calls flood 911.

Sherry is losing blood fast.

Gold Cross Ambulance paramedics Ben Gordon and Clayton Emons arrive one minute after the first police car. They are told the scene is “warm,” but safe to enter.

Increasingly, first responders are providing emergency care before a crime scene or accident scene is completely secure. An unsafe site is called “hot,” while a benign location is “cold.” This new hybrid is referred to as “warm,” meaning the site is not completely clear but is deemed safe to perform their work.

“Typically, what happens to a patient like Sharon in a hot zone is they die because we simply can’t get to them,” shares Mark Fredrickson of Gold Cross Ambulance Service.

No time is wasted. In less than five minutes, oxygen is applied at the scene. Sherry receives IV saline to help offset the blood loss. The paramedics load her into the ambulance and hook up a cardiac monitor.

Gold Cross calls Theda Clark emergency department to activate a Trauma Blue, which is the highest level of trauma team activation.

Despite the rapid response, Sherry is in danger of bleeding to death. Paramedics are unable to obtain a blood pressure. She has a pulse of 67 and a weak respiratory rate of 10 breaths per minute. She becomes unconscious and only responds to painful stimuli with a GCS (Glasgow Coma Scale) of 4 (Eye = 1, Verbal = 2, Motor = 1). A score of 4 means Sherry won’t open her eyes, makes no movements, and murmurs only in comprehensible sounds. By the time she arrives at the Trauma Center at Theda Clark Medical Center, her pupils are fixed, and she is very pale with almost no blood pressure. Sherry’s PH level is 6.8.

“I’ve never seen anyone survive with PH levels that low,” confides trauma surgeon Pat Brennan, MD, from Surgical Associates of Neenah.

**Three main things save Sherry’s life:**

1. **Immediate transport** by Gold Cross Ambulance, called a “load and go.” Sherry makes it to the Trauma Center at Theda Clark a mere 10 minutes after the paramedics first make contact with her (including drive time) – only 16 minutes after being shot.

2. **Rapid Blood Transfusion protocol** begins immediately, infusing multiple units of blood and blood components very quickly via a specialized pump used in trauma centers.

3. **Fast and capable intervention** by the surgeons to control bleeding. “With the Trauma Blue activation, we were all waiting for Sherry when she arrived,” Dr. Brennan says. “It was very clear what needed to happen. We needed to get her into surgery to stop the bleeding.”
Her abdomen was packed and left open for easy access during upcoming procedures.

Sherry had five surgeries over the next 10 days to repair the artery and perform a femoral bypass, to remove and repair damaged portions of her small intestine, to repair the ureter and place a stent, and to debride her wounds and ward off infection.

Ignoring her coma, family and friends took up a round-the-clock vigil. She was never alone.

As she was allowed to wake from her coma, Sherry suffered frightening hallucinations. Her mind protected itself by blocking the incident. “I woke up in the hospital not sure why I was there,” Sherry admits. “My daughters kept saying, ‘You’re safe, mom. You’re OK. Nobody can hurt you here.’ I had no idea what they were talking about.”

Sherry’s experience is a good example of why the Trauma program insists on the psychologist, social worker and/or chaplain visiting every patient who has gone through a major trauma. Sherry is talking through her experience as she slowly regains bits and pieces of her memory from that day.

**The Injuries**

Dr. Brennan’s team does a quick ABC assessment before sending Sherry into surgery:

**Airway** = Sherry’s airway is clear.

**Breathing** = Emergency Department physician Christopher Hugo, MD, from Fox Valley Emergency Medicine immediately inserts a breathing tube.

**Circulation** = Sherry gets a shot of epinephrine to help raise her heart rate and blood pressure. She receives nearly 100 units of blood components.

“In a matter of 15 minutes or so, we were able to intubate, administer meds, get a quick x-ray and start rapid transfusions to prep Sherry for surgery,” Dr. Brennan explains.

**Sherry’s list of injuries included:**

- 6-8 small holes in the small intestine
- Lacerated ureter (tube from kidney to bladder)
- Hole in external iliac artery going into right leg
- Potential for anoxic brain injury from lack of blood flow

“The initial surgery was strictly damage control,” Dr. Brennan says. “We did what we could to stop the bleeding. When we didn’t see an exit wound, we found the bullet lodged in Sherry’s pelvic bone unable to be removed safely without causing additional harm.”

Leaving the bullet intact, surgeons clamped off the artery, tied off the ends of the ureter, inserted a nephrostomy tube to help drain Sherry’s right kidney, and removed the damaged portion of the small intestine. Sherry was put in a medically induced coma for two weeks to allow her body to heal without additional stress. She was placed on a ventilator and had a tracheostomy tube and feeding tube inserted.
August 14
1st surgery:
Control bleeding & stabilize

August 16
2nd surgery:
Repair bowel & small intestines

August 18
3rd surgery:
Femoral bypass in right leg
Sherry worked with a physical therapist, occupational therapist and speech therapist while still in the hospital.

“When she first started therapy, Sherry was unable to walk or move much due to her profoundly weakened muscles from lying in bed for so long,” explains physiatrist and rehabilitation specialist Thomas Van Sistine, MD, from ThedaCare Orthopedics Plus. “We started with adaptive equipment like walkers.”

Occupational therapist Danielle Spranger, OT, worked with Sherry on self-care, as well as building confidence through a community outing. Speech therapists helped Sherry regain her high-level cognitive functions, such as memory.

One of Sherry’s kidneys remains slightly smaller due to the damage from the shooting and ensuing surgeries. Her wound must heal slowly from the inside out, so she remains tethered to a portable wound pump machine about the size of a Harry Potter book. She can’t seem to go back to Walmart, much less back to work, and has transitioned to living on Disability.

But she is still grateful.

“Sherry and her family have chosen to show their gratitude by organizing several blood drives to “give back” the tremendous amount of blood she used. They have held three blood drives so far and have already surpassed their goal by collecting 123 units of blood in Sherry’s name.

But Sherry is not the only one who appreciates having a Level II trauma center right here in the Fox Valley. Access to the Trauma Center at Theda Clark gives emergency personnel confidence to respond to dangerous calls, as well.

“As a police officer, it means the world to me and my family knowing that I can get the best trauma care available if something ever happened to me,” shares Neenah Police Chief Kevin Wilkinson. “Bad things can happen anywhere at any time. When we’re prepared, it’s not quite so bad. We survive.”

“Reclaiming Her Life One Day at a Time

“There’s so far to go yet,” Sherry confirms. “But I wouldn’t be here if it weren’t for them. I wouldn’t be here.”

“The fact that Sherry survived is really a miracle,” says Trauma Medical Director and surgeon Ray Georgen, MD, FACS, from Surgical Associates of Neenah. “The only reason she lived is that all the components of the trauma system worked cooperatively and efficiently.”

August 20
4th surgery:
Wound debridement

August 22
5th surgery:
Ureter repair + mesh to close abdomen

October 2
1st day of rehab
Rehabilitation


While the Trauma Center exists to save a life, the rehabilitation unit helps patients try to live the life they want to live.

“Recovery is not just about fixing the vessel or closing the incision,” explains physiatrist and rehabilitation specialist Thomas Van Sistine, MD, from ThedaCare Orthopedics Plus. “We look at the whole person and determine both medical and functional areas that may need attention.”

A comprehensive, inter-disciplinary program, the rehabilitation unit incorporates a variety of professionals and specialists to provide patients the support they need for the next step in their recovery.

“We support each patient in an individualized and personalized approach in their recovery on rehab,” confirms ThedaCare Rehab Manager Sara Kloes. “Our ultimate goal is to prepare the patient and family for a safe and successful transition home.”

Accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF), the rehab floor is just one more example of the full spectrum of care offered at the Trauma Center at Theda Clark Medical Center.

Rehab: The bridge between hospital and home.

- Specially trained Rehab Physician and Nurses
- Chaplain
- Diet & Nutrition
- Discharge Planning
- Hospitalist to oversee transition
- Occupational Therapy
- Physical Therapy
- Psychiatry
- Psychology
- Recreational Therapy
- Respiratory Therapy
- Social Worker/ Care Manager
- Speech Therapy
- Speech Therapy
- Wound Care

10 2013 Trauma Annual Report
Life-Saving Departments

These departments initially responded to Sherry’s life-threatening injuries.

**Gold Cross Ambulance EMS**
- Activate Trauma Blue
- Rapid transport
- Life-saving treatment en route

**Emergency Department**
- Assess injuries
- Insert breathing tube
- Initiate resuscitation
- Rapid blood transfusion
- Coordinate resources

**Trauma Surgery**
- Evaluate injuries in relation to one another
- Manage blood loss
- Reestablish blood flow to leg
- Provide team direction and final patient decisions

**Anesthesiology**
- Maintain vitals during multiple surgeries

**Neurology**
- Assess potential anoxic brain injury (damage due to lack of oxygen from severely low blood pressure/extreme blood loss)

**Radiology/Interventional Radiology**
- Perform imaging with interpretation
- Insert nephrostomy tube to drain kidney

**Urology**
- Surgical repair of injured ureter

Team Roster

The following specialties and departments at Theda Clark Medical Center were all instrumental in the trauma care and recovery for Sharon Goffard:

- **Ambulance Service**
- **Anesthesiology**
- **Care Management/Social Work**
- **Chaplains**
- **Dietician**
- **Dispatch one-call system**
- **Emergency Department**
- **Emergency Medicine**
- **Hospitalist Service**
- **Infectious Disease/Infection Control**
- **ICU (Intensive Care)**
- **Lab**
- **Nephrology**
- **Neurology**
- **Nursing & Ancillary Staff**
- **OR (Operating Room)**
- **Pharmacy**
- **Physiatry/Acute Rehab Unit**
- **Psychology**
- **Radiology/Interventional Radiology**
- **Respiratory Therapy**
- **Surgical Technicians**
- **Trauma Surgery**
- **Urology**
- **Wound Care/Debridement**
ThedaStar Air Medical Transport

“I love that noise,” says Sherry Goffard’s long-time boyfriend, Shorty, as they hear the familiar thump of the ThedaStar’s rotors pass overhead. Sherry and Shorty live a mere 1.5 miles from the Trauma Center at Theda Clark Medical Center. They hear the ThedaStar helicopter regularly.

“I just love that noise,” Shorty says again. “It means someone is getting the help they need.”

ThedaStar Air Medical has been flying at the speed of life since June 6, 1986. The helicopter responds to crash and trauma scenes 24 hours/day, 365 days/year. We transport patients between facilities in Northeast Wisconsin, Upper Michigan, Marshfield, Madison, and Milwaukee.

- **Dual helipads.** Theda Clark Medical Center has two helipads, allowing multiple helicopters to work together and land simultaneously when responding to large crashes or more than one trauma.
- **Safety.** At night, ThedaStar pilot and crew members wear night vision goggles. In addition, GPS landing approaches at both Theda Clark and Appleton Medical Center (AMC) make it possible to take-off and land by predetermined flight plan coordinates (Instrument Flight Rules) rather than by sight, if necessary.
- **Communication.** Dispatchers track ThedaStar by satellite in addition to radio contact.

To initiate air transport from a crash site or outlying community hospital, use ThedaStar’s one-call system at (800) 236-2066.

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- **Twin Engines** provide an added margin of safety and enable flight over large bodies of water such as Lake Winnebago – speeding up response time.

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- **31%**
  Approximately one-third of all calls in 2013 were for trauma-related injuries

- **7.5 minutes**
  Average time from notification to lift-off

- **44 miles**
  Average distance flown with patient on board

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To initiate air transport from a crash site or outlying community hospital, use ThedaStar’s one-call system at (800) 236-2066.
As many as 97 people donated blood to provide the plasma, platelets, red blood cells, and cryoprecipitate Sharon Goffard needed to survive her gunshot wound that day last August.

But you don’t need to suffer a trauma or be in an accident to use donated blood. Most blood is used in scheduled surgeries, in the ICU, or during cancer treatments.

The Community Blood Center (CBC) in Appleton works with donors to provide a steady, reliable blood supply for 18 hospitals in Wisconsin and Michigan, including the Trauma Center at Theda Clark. Locally, 100 percent of the blood needed in our community is supplied through the CBC.

**Friends ask friends to donate**

“Our job is only possible because of the generous donors in our local community,” confirms Todd Straus, MD, Medical Director at Community Blood Center. “Talk with family and friends about donating blood. Research shows the most effective way to get someone to donate is simply one person asking another person.”

And if you’ve donated once, consider donating again. You can donate whole blood every eight weeks.

Sharon Goffard and her family definitely subscribe to the “pay it forward” attitude. By inviting friends and family to donate, 123 units of blood have been donated in her name … so far.

For more information about the Community Blood Center or to organize a blood drive: www.CommunityBlood.org 800-280-4102 920-738-3131

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**Did You Know?**

1 in 7 About 1 in 7 people entering a hospital need blood.

Zero There is no substitute for blood. It cannot be manufactured. We can only get blood via donation.

1 = 3 One pint of whole blood can save up to three lives.

AB+ Only 3% of Americans have AB+ blood, making them a universal donor of plasma. Plasma is often used in emergencies and for patients requiring massive transfusions, like Sharon Goffard.

O- Locally, only 7% of people have O- blood, known as the “universal blood type.” If you or someone you know has type O- blood, please consider donating.


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“At ThedaCare, we believe prevention is a vaccine against injury,” says Kathi Hegranes, Injury Prevention Coordinator.

The Trauma Center offers a full gamut of programming to support the safety of area residents. We look at the most common mechanism of injury and create programs to address behaviors of greatest concern. Our two largest programs are P.A.R.T.Y. at the PAC and fall prevention outreach.

P.A.R.T.Y. at the PAC

For 2 out of 3 teens who die as a result of a motor vehicle accident, the fatal crash was their first … and last. ThedaCare’s P.A.R.T.Y. at the PAC (Prevent Alcohol and Risk-related Trauma in Youth) has survivors share their stories along with a dramatic, realistic accident simulation to help teens grasp the potential consequences of risky behaviors, such as drunk driving, speeding and distracted driving. The P.A.R.T.Y. program has reached nearly 40,000 teens since 1998 and continues to grow each year. In 2013, we also added a separate parent component to encourage parents to model safe behaviors.

Fall prevention

“One in three adults age 65+ falls each year. And more than half of those people either end up in a nursing home or die from their injuries,” Kathi explains. “The loss of strength and muscle tone and balance happens gradually so people don’t realize they’re at risk. It’s not even on their radar.”

Outreach activities work to raise awareness within certain high-risk groups throughout the year, with special activities scheduled for Fall Prevention Month in September.

For more information on Theda Clark Trauma Center injury prevention programs, contact Kathi Hegranes, Trauma Center Injury Prevention Coordinator, at (920) 729-3372 or kathi.hegranes@thedacare.org.

<table>
<thead>
<tr>
<th>Mechanism of Injury</th>
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</thead>
<tbody>
<tr>
<td>32% Motor Vehicle Crashes</td>
</tr>
<tr>
<td>27% Fall</td>
</tr>
<tr>
<td>8% Motorcycle</td>
</tr>
<tr>
<td>4% Motorcycle vs Vehicle</td>
</tr>
<tr>
<td>3% Accident</td>
</tr>
<tr>
<td>3% Motor Vehicle Crashes vs Pedestrian</td>
</tr>
<tr>
<td>3% Struck by Object</td>
</tr>
<tr>
<td>2% Assault</td>
</tr>
<tr>
<td>2% Motorcycle vs Deer</td>
</tr>
<tr>
<td>2% Stab Wound</td>
</tr>
<tr>
<td>1%*</td>
</tr>
</tbody>
</table>

* Includes: Animal, Bicycle, Burn, Explosion, Tree Stand Falls, GSW, Industrial, Machine, MVC vs Bicycle, Recreation ATV, Skateboard, Snowboard, and Sports Injury
Would You Know What to Do?

ThedaCare is helping employees prepare for an active shooter situation. Would you know what to do?

1. **RUN**
   
   Your best option is to flee if possible. Evaluate whether you can get away. Then get out if you can.

2. **HIDE**
   
   If you can’t escape, hide. Shut and lock doors. Turn the lights out and silence your phone. Create a blockade if you can. Make it as difficult as possible for the shooter to reach you.

3. **FIGHT**
   
   If all else fails, make a plan to confront the shooter. This should be the last option. While taking the shooter down is dangerous, it can significantly reduce casualties.
Injury Severity Score (ISS) is a numerical score given to each trauma patient that categorizes the severity of injury. Calculation includes:

- the severity of injury
- body region of injury
- the number of injuries

The higher the ISS number, the more severe the injuries sustained by the patient. ISS greater than 15 is considered major trauma.

The National Trauma Data Bank (NTDB) has included information from nearly 143,000 trauma records from 169 ACS Verified Level II Trauma Centers of similar size. Data for this report is taken from NTDB’s 2013 annual report.
Trauma Center at Theda Clark Statistics

### Volume Comparison

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<thead>
<tr>
<th>Category</th>
<th>2011</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Blues</td>
<td>25%</td>
<td>28%</td>
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<tr>
<td>Consults</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Admits</td>
<td>6%</td>
<td>13%</td>
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<tr>
<td>Injuries</td>
<td>22%</td>
<td>26%</td>
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### By Age Groups

<table>
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<th>Age Group</th>
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<tr>
<td>&lt;15 Years</td>
<td>7%</td>
</tr>
<tr>
<td>15-19 Years</td>
<td>6%</td>
</tr>
<tr>
<td>20-24 Years</td>
<td>10%</td>
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<td>25-34 Years</td>
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<td>45-54 Years</td>
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<tr>
<td>55-64 Years</td>
<td>15%</td>
</tr>
<tr>
<td>&gt;=65 Years</td>
<td>22%</td>
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### By Activation

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Injuries</td>
<td>25%</td>
</tr>
<tr>
<td>Admits</td>
<td>7%</td>
</tr>
<tr>
<td>Consults</td>
<td>40%</td>
</tr>
<tr>
<td>Blues</td>
<td>28%</td>
</tr>
</tbody>
</table>
Trauma Center at Theda Clark Statistics

Injury Type

- 89% Blunt
- 4% Burn
- 6% Other

Where Our Patients Come From

- 70% Interfacility
- 30% Scene
Transports to Theda Clark

Overall Gender Breakdown

- 72% Males
- 28% Females

Hospital Disposition

- 69% Home
- <1% Transfer
- 4% Rehab
- 21% Nursing Home
- 6% Expired
Trauma Services Staff

For more information about the Trauma Center at Theda Clark Medical Center, please contact our Trauma Services staff:

Ray Georgen, MD, Trauma Medical Director
raymond.georgen@thedacare.org

Kelly Jung, RN, Trauma Program Manager
kelly.jung@thedacare.org or (920) 729-3347

Tabitha Uitenbroek, RN, Trauma Coordinator
tabitha.uitenbroek@thedacare.org or (920) 720-7371

Kathi Hegranes, Injury Prevention Coordinator
kathi.hegranes@thedacare.org or (920) 729-3372

Pamela Witt-Hillen, RN, Trauma Education & Outreach Coordinator
pamela.witthillen@thedacare.org or (920) 729-3305

Tina Brechlin, Trauma Registrar
tina.slominski@thedacare.org or (920) 729-3005